

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT 30 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000054053

1. Corporation Name

Mazztech Enterprises, Inc.

2. Principal Office Address - No P.O. Box #
705 SW 39th Terrace

3. Mailing Office Address
705 SW 39th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip
33914

Country
USA

Zip
33914

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **06/05/2000**

5. FEL Number
65-1013813

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mazzoli, Michael R.

Street Address (P.O. Box Number is Not Acceptable)
705 SW 39th Terrace

Suite, Apt. #, Etc.

City
Cape Coral

State
FL

Zip Code
33914

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

[Handwritten Signature]

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **10-26-07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Mazzoli, Michael R.	705 SW 39th Terrace	Cape Coral, FL 33914
Vice-President	Mazzoli, Michael R.	705 SW 39th Terrace	Cape Coral, FL 33914
Treasurer	Mazzoli, Michael R.	705 SW 39th Terrace	Cape Coral, FL 33914

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10/30/07 01007-012 **300.00

REINSTATEMENT 2007

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]

Michael R. Mazzoli

Date

10-26-07

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-560-6191